

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2011
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NAME OF PROVIDER OR SUPPLIER

WATERS OF DILLSBORO-ROSS MANOR, THE

STREET ADDRESS, CITY, STATE, ZIP CODE
12803 LENOVER ST
DILLSBORO, IN 47018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for a recertification and state licensure survey.</p> <p>Survey dates: January 10, 12, 13, 14, 18, 19 and 20, 2011</p> <p>Facility number: 000178 Provider number: 155280 Aim number: 100273840</p> <p>Survey team: Nancy Pence, R.N., T C Diana Sidell, R.N.</p> <p>Census bed type: SNF/NF: 112 Total: 112</p> <p>Census payor type: Medicare: 14 Medicaid: 76 Other: 21 Total: 112</p> <p>Sample: 23</p> <p>These deficiencies also reflect state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 1-26-11 Cathy Emswiller RN</p>	F 000	<p>RECEIVED</p> <p>FEB 11 2011</p> <p>LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH</p>	
F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p>	F 279		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued participation.

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F 279	Continued From page 1 The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to formulate a comprehensive care plan to address the pressure relief needs of a residents with a coccyx pressure sore when attended dialysis three times weekly. This deficient practice affected 1 of 20 resident's reviewed for comprehensive care plan formulation in a sample of 23. [Resident #58] Findings include: A policy and procedure titled "Careplans," identified by the director of nursing as the current policy and procedure on 1/20/2011 at 9:00 a.m., which bore an effective date of 1/2007, indicated the following in the section titled "Policy": "Each resident will have a plan of care to identify	F 279	F279 DEVELOP COMPRE- HENSIVE CARE PLANS Its is the intent of this facility to have comprehensive care plans formulated to address the pressure relief needs of any resident with a risk for or presence of a pressure area when attending dialysis three times weekly. 1. Action Taken: The care plan for Resident #58 was updated to include pressure relief intervention of an air cushion used when out of facility for dialysis. 2. Other Identified: Audit completed for all residents who receive dialysis services for appropriate preventative pressure relieving devices.. No other residents identified..		

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F 279	<p>Continued From page 2</p> <p>problems, needs and strengths that will identify how the interdisciplinary team will provide care." The following was noted in the section titled "Definitions":</p> <p>"Interdisciplinary - all disciplines work together to develop approaches to help residents meet needs or resolve problems."</p> <p>The clinical record of resident #58 was reviewed on 1/19/2011 at 9:25 A.M. The clinical record indicated the resident was admitted with diagnoses which included, but were not limited to, renal failure, diabetes mellitus and neuropathy.</p> <p>A 30 day Medicare, Minimum Data Set [MDS] assessment, dated as completed on 12/22/2010, indicated the resident was independent for decision making with no long or short term memory loss. The assessment indicated the resident was totally physically dependent on two staff members for bed mobility and transfers. The assessment indicated the resident experienced intense/excruciating pain, rarely. The resident had 1 stage two pressure sore, which bore an onset date of 10/27/2010, and 1 stage three pressure sore, and 1 unstageable pressure sore. The assessment indicated the resident utilized pressure reduction devices for chair and bed and was on a turning and repositioning program.</p> <p>A physician's recapitulation order sheet, dated 1/2011, indicated, but was not limited to, the following:</p> <p>Dialysis services, Monday, Wednesday and Friday.</p> <p>"1/4 [one quarter] str [strength] Dakins [wound treatment solution], w-d [wet to dry] drsg [dressing] to coccyx, bid [two times daily]." The</p>	F 279	<p>3. Measures Put In Place:</p> <p>In-services completed on 2/09/2011 for licensed nurses re: Developing care plans as it relates to pressure relief while at dialysis for residents.</p> <p>QA team to review the clinical record at the weekly QA meeting all residents receiving dialysis to ensure care plan interventions include pressure relief while at dialysis.</p> <p>4. How Monitored:</p> <p>The DON/Designee will complete a monthly audit related to care plan interventions to provide pressure relief while at dialysis.</p> <p>ADM/Designee will review all audits as completed at monthly QA meeting, and at quarterly QA meeting with the Medical Director.</p>		

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F 279	Continued From page 3. order bore an initial order date of 1/6/2011. The resident's congregate care plans, failed to include formulation of a comprehensive care plan related to coccyx pressure relief for the healing coccyx pressure sore during the three times weekly dialysis sessions. During an interview on 1/19/2011 at 10:45 a.m. the director of nursing indicated: The facility should formulate a care plan for the pressure relief needs for any resident's attending dialysis if they are at risk for development of pressure sores or currently have pressure sores. The director of nursing stated: "The resident, currently, utilizes an air cushion and we send it to dialysis, but the resident does not always use it as she says 'It is to hot'."	F 279	5. This plan of correction constitutes our credible allegation of compliance with all state and federal regulatory requirements. Our date of compliance is February 9, 2011.	
F 280 SS=D	3.1-35(a) 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed	F 280	F280 RIGHT TO PARTICIPATE PLANNING CARE – REVISE CARE PLAN. It is the intent of this facility to have resident care plans reviewed and revised related to pressure sore prevention and treatment needs including pain with dressing changes and current treatment plan.	

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F 280	<p>Continued From page 4 and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview and observation the facility failed to review and revise a resident's care plan related to pressure sore prevention and treatment needs: - when a resident complained of pain with dressing changes of a coccyx pressure sore and - failed to update the pressure sore prevention and treatment care plan to reflect the current pressure sore treatment needs.</p> <p>These deficient practices affected 1 of 4 residents reviewed for pressure sore prevention and treatment in a sample of 23. [resident #58]</p> <p>Findings include:</p> <p>A policy and procedure titled "Careplans," identified by the director of nursing as the current policy and procedure on 1/20/2011 at 9:00 a.m., which bore an effective date of 1/2007, indicated the following in the section titled "Procedure": "7. All goals and approaches are to be reviewed and revised as appropriate by a team of qualified persons after each assessment and upon significant change in condition."</p> <p>1. The clinical record of resident #58 was reviewed on 1/19/2011 at 9:25 A.M. The clinical record indicated the resident was admitted with diagnoses which included, but were not limited to,</p>	F 280	<p>1. Action Taken:</p> <p>The care plan for Resident #58 was reviewed and revised to include pain with dressing changes and the current treatment plan by the DON.</p> <p>2. Others Identified:</p> <p>Audit completed for all residents identified with pressure areas – care plans reviewed and revised as it relates to pain with dressing changes and the current treatment plan by 2/9/2011 DON/Designee.</p> <p>3. Measures Put In Place:</p> <p>In-service by 2/9/2011 for licensed nurses related to reviewing and revising care plans related to pain during dressing changes and current pressure area treatment plan.</p>	

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F 280	<p>Continued From page 5</p> <p>renal failure, diabetes milltus and neuropathy.</p> <p>A 30 day Medicare, Minimum Data Set [MDS] assessment, dated as completed on 12/22/2010, indicated the resident was independent for decision making with no long or short term memory loss. The assessment indicated the resident was totally physically dependent on two staff members for bed mobility and transfers. The assessment indicated the resident experienced intense/excruciating pain, rarely. The resident had 1 stage two pressure sore, which bore an onset date of 10/27/2010, and 1 stage three pressure sore, and 1 unstageable pressure sore. The assessment indicated the resident utilized pressure reduction devices for chair and bed and was on a turning and repositioning program.</p> <p>A physician's recapitulation order sheet, dated 1/2011, indicated, but was not limited to, the following: Dialysis services, Monday, Wednesday and Friday. "Percocet [pain relief], 5/325 mg. [milligrams], give 1 tab [tablet], orally, every 4 hours, as needed for pain." The order bore an initial order date of 12/10/2010. "Percocet [pain relief], 5/325 mg. [milligrams], give 2 tab [tablet], orally, every 4 hours, as needed for pain." The order bore an initial order date of 12/10/2010. "Tramadol hcl [pain relief], 50 mg., give 1 tablet, orally, every 6 hours, as needed, for pain." The order bore an initial order date of 11/23/2010. "1/4 [one quarter] str [strength] Dakins [wound treatment solution], w-d [wet to dry] drsg [dressing] to coccyx, bid [two times daily]." The order bore an initial order date of 1/6/2011.</p>	F 280	<p>4. How Monitored:</p> <p>DON/Designee to review/audit new physician orders daily to identify any change in treatment plan and update care plan.</p> <p>QA team will review/audit the clinical record for residents with pressure areas in weekly QA meeting for update of care plans to reflect current interventions and treatment needs.</p> <p>ADM/Designee will review all audits as completed in daily QA meeting; and will review with the Medical Director in the quarterly QA&A Committee meeting.</p> <p>5. This plan of correction constitutes our credible allegation of compliance with all state and federal regulatory requirements. Our date of compliance is February 9, 2011.</p>		

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F 280	<p>Continued From page 6</p> <p>1.A. A care plan with an identified problem/need of "At risk for skin breakdown related to...open areas to feet and coccyx...." The care plan bore an initial identification date of 4/17/2009. The care plan bore an identified goal of "Will have [no] further skin issues daily TNR [through next review]." The care plan included, but was not limited to the following interventions/approaches related to care of the resident's pressure wounds:</p> <p>"1. Adm. [administer] weekly & [and], prn [as needed] skin checks."</p> <p>"2. Tx [treatments] as ordered."</p> <p>"8/25/2010, gel cushion."</p> <p>The resident's nursing notes included the following documentation when the resident refused the coccyx pressure sore dressing change due to complaints of pain with the dressing changes:</p> <p>1/14/2011 at 9:00 a.m., "...refused tx [treatment] to coccyx, states 'it burns like fire. I am [not] going to use that tx [treatment] anymore....'"</p> <p>1/15/2011 at 9:00 a.m., "res. [resident] refuses tx [treatment] to coccyx...."</p> <p>1/16/2011 at 9:00 a.m., "...refused tx [treatment] to coccyx...."</p> <p>1/17/2011 at 9:00 a.m., "...ref. [refused] tx [treatment] to coccyx. States 'it burns.'...."</p> <p>1/17/2011 at 8:00 p.m., "...ref. [refused] tx [treatment] to coccyx. States 'it burns my skin....'"</p> <p>1/17/2011 at 2:00 a.m., "...refused tx [treatment] to coccyx...."</p> <p>1/18/2011 at 2:30 a.m., "...res. [resident] refuses to have tx [treatment] to coccyx done...."</p> <p>The pressure sore care plan bore no review and revision following the resident's multiple refusal of coccyx pressure sore dressing changes when the resident indicated the reason for her refusal was</p>	F 280		

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F 280	<p>Continued From page 7</p> <p>pain with the dressing changes in an attempt to control the resident's pain during the dressing change procedure.</p> <p>During an interview on 1/19/2011 at 10:45 a.m., the director of nursing indicated: If a resident complains of pain with pressure sore dressing changes, the facility should review and revise the resident's pressure sore care plan in an attempt to identify new approaches/interventions to control or alleviate the resident's pain during the dressing changes.</p> <p>1. B. - The physician's recapitulation orders dated 1/2011, indicated the following pressure sore dressing changes: "Polymen pink [or equivalent] to top of left foot and left heel with Prisma to same areas, change Q [every] 3-5 days." "Allevynheel or Optifoam non-adhesive to R [right] heel, [change] Q [every] 3-5 days [with] prevalon boots." "1/4 [one quarter] str [strength] Dakins [wound treatment solution], w-d [wet to dry] drsg [dressing] to coccyx, bid [two times daily]." The order bore an initial order date of 1/6/2011.</p> <p>A care plan with an identified problem/need of "At risk for skin breakdown related to...open areas to feet and coccyx...." The care plan bore an initial identification date of 4/17/2009. The care plan bore an identified goal of "Will have [no] further skin issues daily TNR [through next review]." The care plan included, but was not limited to the following intervention/approach related to care of the resident's pressure wounds: "2. Tx [treatments] as ordered." Review of the resident's current congregate care</p>	F 280			

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F 280	<p>Continued From page 8</p> <p>plans lacked any additional care plans related to skin breakdown or pressure sore management or treatment.</p> <p>The pressure sore care plan failed to indicate review and revision to reflect the resident's current physician's ordered pressure sore treatments.</p> <p>During an interview on 1/19/2011 at 10:45 a.m., the director of nursing indicated: A resident's care plan should reflect the current physician's pressure sore treatment orders.</p> <p>A coccyx pressure sore dressing change observation was completed on 1/20/2011 at 10:25 a.m. The coccyx wound dressing was changed utilizing clean technique and was noted to be of elongated nickle size, no redness or drainage present. The resident refused offer of pain medication prior to dressing change, and stated to the nurse: "Maybe afterwards." The resident stated: "It does not hurt right now."</p> <p>3.1-35(a) 3.1-35(c)</p>	F 280			